

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

Effective \_\_\_\_\_, your ☐ Welfare to Work  
☐ Cal-Learn payment for ☐ transportation ☐ work or training  
related expenses for \_\_\_\_\_ will be  
\$ \_\_\_\_\_. This amount is less than you asked for.

Here's why:

You have to pay us back any money we advance to you that you do not use to pay for ☐ Welfare to Work ☐ Cal-Learn expenses.

☐ The proof of costs show that you did not use all of your advance for \_\_\_\_\_.

☐ You failed to give us proof of costs by the 10th of this month. You must give us \_\_\_\_\_.

If you give us this information, you may still get your payment up to your approved maximum payment, but it may be late.

☐ Other:

Your ☐ transportation payment ☐ work or training related expenses payment is figured on this notice.

☐ You still have a balance of \$ \_\_\_\_\_ for your unused advance. An amount will be taken out of your payment every month until the balance of the unused advance no longer exists. You will get a notice every month telling you about this.

☐ Your payment of \$ \_\_\_\_\_ for \_\_\_\_\_ will be adjusted effective \_\_\_\_\_ as follows:

\$ \_\_\_\_\_ your actual advance payment for \_\_\_\_\_.

- \$ \_\_\_\_\_ your actual costs for that month.

= \$ \_\_\_\_\_ unused advance.

\$ \_\_\_\_\_ amount requested.

- \$ \_\_\_\_\_ unused advance.

= \$ \_\_\_\_\_ adjusted payment.

☐ \$ \_\_\_\_\_ unused advance.

- \$ \_\_\_\_\_ payment adjustment (amount requested-  
adjusted payment).

= \$ \_\_\_\_\_ balance of unused advance.

Call your Welfare to Work/Cal-Learn worker if this adjusted payment means you will not be able to stay in your

☐ Welfare to Work ☐ Cal-Learn activity, or if you will not be able to accept a job.

You can also call your Welfare to Work/Cal-Learn worker if you think this notice is wrong.

**Rules:** These rules apply. You may review them at your welfare office: CalWORKs Implementation Guidelines, Sections VII & XII, Welf. & Inst. Code 11323.2, 11323.4, 11322.9

## YOUR HEARING RIGHTS

### To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

### To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your CalWORKs Child Care benefits will **NOT** stay the same until your hearing.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

### To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

☐ Cash Aid    ☐ Food Stamps

### To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

You may get free legal help at your local legal aid office or welfare rights group.

### Other Information

**Child and/or Medical Support:** The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask for it.

**Hearing File:** If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

## HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

### HEARING REQUEST

I want a hearing because of an action by the Welfare Department of \_\_\_\_\_ County about my

☐ Cash Aid    ☐ Food Stamps    ☐ Medi-Cal    ☐ Child Care  
☐ Other (list) \_\_\_\_\_

Here's why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

☐ Check here and add a page if you need more space.

☐ I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

☐ I need a free interpreter.  
My language or dialect is: \_\_\_\_\_

My name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

My case number: \_\_\_\_\_

My signature: \_\_\_\_\_

Date: \_\_\_\_\_